

Department of Public Health and Social Services
Division of Environmental Health
Food Establishment Inspection Report

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INSPECTION	RSN	TYPE	GRADE	INSPECTION DATE		ESTABLISHMENT NAME	
Regular		<input checked="" type="checkbox"/>	<u>0</u>	<u>6/29/17</u>		<u>VEGIE & SEAFOOD</u>	
Follow-up	<input checked="" type="checkbox"/>			TIME IN	TIME OUT	PERMIT HOLDER	
Complaint			RATING	<u>4:00 PM</u>	<u>5:00 PM</u>	<u>WEI JIN EVAN</u>	
Investigation			<u>A</u>	SANITARY PERMIT NO.		LOCATION (Address)	
Other:				<u>1700 00660</u>		<u>STE C-212 MICRONESIA MALL, DEDEDO</u>	
ESTABLISHMENT TYPE				AREA	TELEPHONE	No. of Risk Factor/Intervention Violations	RISK CATEGORY
<u>STALL STAND</u>				<u>1</u>	<u>627 8001</u>	<u>0</u>	<u>3</u>
				No. of Repeat Risk Factor/Intervention Violations			
				<u>0</u>			

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.

IN = In compliance OUT = Not in compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status				COS	R	PTS
Supervision						
1	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Person in charge present, demonstrates knowledge, and performance duties			6
Employee Health						
2	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Management awareness, policy present			6
3	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Proper use of reporting, restriction & exclusion			6
Good Hygienic Practices						
4	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	<input type="radio"/> N/O		6
5	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	<input type="radio"/> N/O		6
Preventing Contamination by Hands						
6	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	<input type="radio"/> N/O		6
7	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	<input type="radio"/> N/O		6
8	<input checked="" type="radio"/> IN	<input type="radio"/> OUT				6
Approved Source						
9	<input checked="" type="radio"/> IN	<input type="radio"/> OUT				6
10	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	<input type="radio"/> N/O		6
11	<input checked="" type="radio"/> IN	<input type="radio"/> OUT				6
12	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	<input type="radio"/> N/O		6
Protection from Contamination						
13	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A			6
14	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A			6
15	<input checked="" type="radio"/> IN	<input type="radio"/> OUT				6
Potentially Hazardous Food (TCS Food)						
16	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	<input type="radio"/> N/O		6
17	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	<input type="radio"/> N/O		6
18	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	<input type="radio"/> N/O		6
19	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	<input type="radio"/> N/O		6
20	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A			6
21	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	<input type="radio"/> N/O		6
Consumer Advisory						
22	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A			6
Highly Susceptible Populations						
23	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A			6
Chemical						
24	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A			6
25	<input checked="" type="radio"/> IN	<input type="radio"/> OUT				6
Conformance with Approved Procedures						
26	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A			6

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Mark "X" in box: If numbered item is not in compliance and/or if COS and/or R. COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status				COS	R	PTS
Safe Food and Water						
27	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Pasteurized eggs used where required			1
28	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Water and ice from approved source			2
29	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Variance obtained for specialized processing methods			1
Food Temperature Control						
30	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Proper cooling methods used; adequate equipment for temperature control			1
31	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Plant food properly cooked for hot holding			1
32	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Approved thawing methods used			1
33	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Thermometer provided and accurate			1
Food Identification						
34	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Food properly labeled; original container			1
Prevention of Food Contamination						
35	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Insects, rodents, and animals not present			2
36	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Contamination prevented during food preparation, storage & display			1
37	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Personal cleanliness			1
38	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Wiping cloths: properly used and stored			1
39	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Washing fruits and vegetables			1
Proper Use of Utensils						
40	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	In-use utensils: properly stored			1
41	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Utensils, equipment and linens: properly stored, dried, handled			1
42	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Single-use/single-service articles: properly stored, used			1
43	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Gloves used properly			1
Utensils, Equipment and Vending						
44	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			1
45	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Warewashing facilities: installed, maintained, used; test strips			1
46	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Nonfood-contact surfaces clean			1
Physical Facilities						
47	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Hot & cold water available, adequate pressure			2
48	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Plumbing installed; proper backflow devices			2
49	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Sewage and wastewater properly disposed			2
50	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Toilet facilities: properly constructed, supplied, & cleaned			2
51	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Garbage/refuse properly disposed; facilities maintained			2
52	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Physical facilities installed, maintained, and clean			1
53	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Adequate ventilation and lighting; designated areas use			1

I have read and understand the above violation(s), and I am aware of the corrective measures that shall be taken.

Person In Charge (Print and Sign) REGINA C. MANALO Date: 6/29/17

DEH Inspector (Print and Sign) KATHERINE DELMUNDO Follow-up (Circle one): YES ☐ NO ☒ Follow-up Date N/A

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ESTABLISHMENT NAME VEGGIE & SEAFOOD		LOCATION (Address) SE-C22 MICRONESIA MALL DEDEDO
INSPECTION DATE 6/29/17	SANITARY PERMIT NO. 170000660	PERMIT HOLDER WEI JIN EVAN

TEMPERATURE OBSERVATIONS

Item/Location	Temperature (° F)	Item/Location	Temperature (° F)
ALL PHYSICS FOOD IN FREEZER			

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

	A FOLLOW-UP INSPECTION WAS CONDUCTED; PREVIOUS VIOLATIONS THAT WAS CITED ON 6/23/17 WERE CORRECTED. (ITEM #S 1, 2, 13, 19, 20, 35, 36, 38, 40, 42, 44, AND 52.	
	DEH RECOMMENDED TO CONTINUE TO WORK WITH PEST CONTROL COMPANY TO ADDRESS CONTROL PRESECE OF COCKROACH FROM OCCURRING AGAIN. ALSO, REMINDED PIC ON THE IMPORTANCE OF INTEGRATED PEST MANAGEMENT SUCH AS KEEPING THE FACILITY CLEAN AND FREE FROM FOOD AND WATER THAT MAY PROVIDE HARBORAGE FOR ROACHES.	
	PHOTOGRAPH REMOVED "NOTICE OF CLOSURE" PLACARD AND ISSUED AN "A" PLACARD NO. 01911.	
	A \$100 REINSTATEMENT FEE SHALL BE PAID TO DEPT. OF PUBLIC HEALTH & SOCIAL SERVICES PRIOR TO THE REINSTATEMENT OF SANITARY PERMIT.	
	BRIEFED PIC, REGINA MANALO ON THE ABOVE INFORMATION.	

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in further regulatory actions. If seeking to appeal the result of this inspection, a written request for hearing must be submitted to the Director before the indicated correction date.

Person in Charge (Print and Sign) REGINA S. MANALO	Date: 6/29/17
DEH Inspector (Print and Sign) KATHERINE DELMUNDO	Date: 6/29/17

White: DPHSS/DEH Yellow: Food Establishment

Re-inspection request

TO:

Bureau of Inspection and Enforcement, DEH, DPHSS
Facsimile No. (671) 734-5556

FROM:

VEGGIE & SEAFOOD

ESTABLISHMENT NAME

WEI, JIN GUAN

OWNER / MANAGER

SUBJECT:

Request for Re-Inspection

Our establishment was inspected on

06/23/17

by

J. GARCIA & L. NAVARRO

Name of Environmental Health Specialist

(671) 735-7221/2

resulting a letter grade of

C

I have performed the following to correct the violation(s).

Item No.	Specific / Detailed Action(s) Taken Correcting the Violation(s)
1.	REGISTER TO MANAGER CERTIFICATION CLASS AT GCC.
2.	HAD EVERYONE UNDERSTAND & SIGN EMPLOYEE POLICY.
8.	HANDWASHING SINK IN KITCHEN AREA ACCESSIBLE TO PROMOTE HANDWASHING HYGIENE.
13.	PODS IN CHILL UNITS PROPERLY STOCKED & SEPARATED MEATS & VEGETABLES STOCKED IN PROPER STACKING ORDER
19.	PHF/TCS FOOD ARE IN PROPER TEMPERATURE 40°F & ABOVE.
20.	ALL PHF/TCS FOODS COLD LIKE RAW EGGS PREPARATION PLACED IN THE CHILLER AT 41°F TEMPERATURE & BELOW.
21.	COOKED & MARINATED PODS HAD MANUFACTURING DATE & THROWING DATE.
34.	FOOD CONTAINERS NOT ORIGINAL HAD PROPERLY LABELED.
35.	ORKINS & PESTEX SPRAYED LAST NIGHT.

I am requesting a re-inspection of this establishment on _____ at _____ or at your earliest convenience.

If you should have any questions, please call me at _____

Thank you.

REGINA S. MANALO

PRINT NAME

Regina S. Manalo

SIGNATURE

6/29/17

DATE

Re-inspection request

TO:

Bureau of Inspection and Enforcement, DEH, DPHSS
Facsimile No. (671) 734-5556

FROM:

VEGGIE & SEAFOOD

ESTABLISHMENT NAME

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resulting a letter grade of

I have performed the following to correct the violation(s).

Item No.	Specific / Detailed Action(s) Taken Correcting the Violation(s)
36.	MULTIPLE FOODS ITEMS PROPERLY CLEANED & COVERED W/ PLASTIC.
38.	MOPPING CLOTHS STORED IN A SANITIZING SOLUTION.
40.	SCOOPERS USED IN RICE STORED IN CONTAINER W/ WATER & ALWAYS CHANGE EVERY 4 HRS. USED UTENSILS PROPERLY STORED AS WELL.
42.	PLASTIC UTENSILS & CUPS IN A SERVICE LINE PLACED IN A PROPER DIRECTION TO PROTECT CONTAMINATION.
44.	(WE) HAD CLEANED TO REMOVE GREASE BUILD-UP, DARK STAINS ON SMOKE / CASE, STOVE TOPS & OTHER FOOD CONTACT SURFACES.
45.	APPLIED SANITIZING SOLUTION IN THE 3 COMPARTMENT SINK PROPERLY W/ CHLORINE.
52.	GENERAL CLEANING.

I am requesting a re-inspection of this establishment on _____ at _____ or at your earliest convenience.

If you should have any questions, please call me at _____. Thank you.

REGINA S. MANALO

PRINT NAME

Regina S. Manalo

SIGNATURE

DATE

 *** TX Result Report ***

TX complete.

Job No. 2987
 Address 3009577
 Name
 Start Time 06/26 02:47 PM
 Call Length 00'33
 Sheets 1
 Result OK



SERVICE INVOICE

Ref # 10220

PEST CONTROL

910 S. Marine Drive Corps. Dewan Plaza Suite 303, Tamuning, Guam 96913
 Tel: 64-ORKIN (646-7546) Fax: 671-648-4834 email: orkin@guam.net

INVOICE # 4583/17

CUSTOMER NAME:	Micronesia Mall (Veggie & Seafood)	DATE:	6/26/17
ADDRESS:	Dededo	TEL:	632-881

TIME START	TIME FINISH	TECHNICIAN	DESCRIPTION OF SERVICE	TOTAL AMOUNT
7:00 am	7:30 am	F.T.	Ant/Rach treatment	NC
			Conducted residual treatment	
			Inspected and observed better	
			Sanitation, no live activity.	
CUSTOMER SIGNATURE: <i>[Signature]</i>			TOTAL AMOUNT	NC

•KEEPING PEST IN THEIR PLACE FOR OVER 100 YEARS•